# STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15) RECEIVED PLEASE PRINT Killian I. Name of Lobbyist(s) NEW HAMPSHIRE II. Name of lobbyist's partnership, firm or corporation, if any: DEPARTMENT OF STATE 214 No. Main Street
Business Address: (Street) (Town/City) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🔏 IV. Date of Report April 25, 2018 activity from 4/1/18 to 6/30/18 Reports cover: activity from date of registration to 3/31/18 January 30, 2019 🗌 October 31, 2018 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

## VI. Check if additional reports are attached:

- If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
- If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
- 🕱 If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true ere to the best of my knowledge and belief. July 25, 2018

# PLEASE PRIN

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Richael J. Killion	
11. Name of lobbyist's partnership, firm or corporation, if any:	
Elevare Communications, LLC (Name of partnership, firm or corporation)	<u> </u>
III. Name of Client MARSy's LAW For Now Wayshi	he Date July 25, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations services ass fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$_/6,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	a) \$/6, 000. 00 b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 40,000.00
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximitividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a busines as than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$/8,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$
f) Total of all expenses year to date	1)\$ 40,000.00
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of pro knowledge and belief.	m that the foregoing information
is the and complete to the best of phy knowledge and benefit.	<b>~</b>
//w/// run	July 25, 2018
(Signature of labbyist)  Richael J. Killion	(Date)
(Print Name of lobbyist)	

# P L E A S E P R I N T



# STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or
Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Richard J. Killion	
	tnership, firm or corporation, if any:	
Lleurre	Communications, LLC	<del></del>
(Name or parti	ersy's Low For New Hayshike Date July 25, &	2018
, , ,	person receiving the honorarium or expense reimbursement:	
Last Name	Richard J.  First Name Middle Name/Initial	
What is the value of the hono	rarium or expense reimbursement? \$ 6,645./3	
Expenses in Communication This police	she honorarium or expense reimbursement relates. (Include the date(s) and location and by Richard J. Killion and Blevare or regularly reinhousement—— list for a start of the chelling of the	
(If there is more than one honora	rium or expense reimbursement use a separate addendum B form for each.)	
Sworn Statement/Affirm	ation by Lobbyist	
	15-B and RSA 664 and hereby swear or affirm that the foregoing information best of any knowledge and belief.   [Date]	
(Signature of Hobbyist)  Richard J.	Killion (Date)	
(Print Name of lobbyist)		

State of New Hampshire Lobbyists Report of Honorariums or Expense Reimbursement Addendum B

Name: Richard J. Killion

Firm: Elevare Communications

Client: Marsy's Law for New Hampshire

What is the value of the honorarium or expense reimbursement? \$6,645.13

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event.

- \$ 52.60: April 4, 2018 Mileage reimbursement from editorial board with Seacoast Media, Portsmouth
- \$6,406.04: April 11, 2018 Reimbursement for newspaper advertising placements (Seacoast Media, Cabinet Press, Eagle Tribune, Salmon Press, Nutfield Publishing, Union Leader/Neighborhood News, Eagle Times, Concord Monitor, Keene Sentinel)
- \$ 186.49: April 23, 2018 Reimbursement for food and soda for volunteer phone bank



# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's partn			
Elevate Com	-		
III. Name of Client MAKS	y's LOW for	Now Mampshire	
Political Contributions			,
For each political contribution client/lobbyist and lobbying			ter 664 paid on behalf of the
	min, marcure the ro		
	0 1 .	^ (// (	(
Full name of candidate:	Bostin t	un state sen	ATE (Middle Name/Initial)
1	(Last Name)	(rirst Name)	(Middle Namo midal)
Amount of contribution \$	000. 60	Office Candidate is	s Seeking
actual cost of the in-kind contri	ibution on the line abo	a description of the good we for amount of contribu	Is or services provided, and enter the ation. If the actual cost is not known,
enter an estimated value and th	e word "estimate"		
enter an estimated value and th	e word "estimate."		
enter an estimated value and th	e word "estimate."		
enter an estimated value and th	e word "estimate."		
enter an estimated value and th	e word "estimate."		
enter an estimated value and th	e word "estimate."		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate:  Amount of contribution \$	(Last Name)	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-king	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Toly 25, 2018
(Signature of logosist)  (Date)
(Print Name of lobbyist)

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